

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005743

STATE FILE NUMBER

AMENDED

Registration District No. 43Primary Registration District No. 3001Registrar's No. 578

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 7 MONTHS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2014 FAIR STREET		c. CITY OR TOWN Malden d. STREET ADDRESS (If outside, give location) S. Marion Street	
3. NAME OF DECEASED (Type or print) First RAY Middle THREET Last WALKER		4. DATE OF DEATH Month FEB. Day 5 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		9. AGE (last birthday) 65 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) PARAGOUL, ARK	
13a. FATHER'S NAME J. B. WALKER		13b. MOTHER'S MAIDEN NAME SARAH NORVILLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. NAME OF HUSBAND OR WIFE THELMA EPPHIMER	
16. SOCIAL SECURITY NO. NO		17. INFORMANT BETTY DeGARIS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of throat with DUE TO (c) metastasis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3-4 MO	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION MALDEN COUNTY MO	
21. I attended the deceased from Nov. 1961 to Feb. 5 1962 and last saw him alive on Feb. 5, 1962 Death occurred at 11:58 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. Turner, MD		22b. ADDRESS 2156 St. Poplar Bluff, Mo	
22c. DATE SIGNED 2/13/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-7-62	23c. NAME OF CEMETERY OR CREMATORY PARK	
24. FUNERAL DIRECTOR DAY & KNIGHT F.S., MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 2/16/1962	
26. REGISTRAR'S SIGNATURE Thelma Graham			

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1962

APR 26 1962

MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. Kharman
Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.